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CONFIRMATION NO. 8932

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APPLICANTS

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** CONTINUING DATA *****
None 8/15/05

** FOREIGN APPLICATIONS *****
None 8/15/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 09/05/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
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Verified and Acknowledged
 Allowance
 Initials

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TITLE
 Method and device for treatment of orthopedic fractures

FILING FEE RECEIVED 429	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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